TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	10115			CERTIF	ICATE	OF DEATH			617()
1.	PLACE OF DEAT a. COUNTY	H				. /	E (Where deceased lived,		sidence before admission)
	(1)	PERN HUNR.	S	MAR	YLAND	a. STATE NAC	uland b.	COUNTY	ENHANCS
		/N (if outside corpora		LENGTH OF STA	Y IN 1b	c. CITY OR TOWN (If	dutside corporate limit	s, write RURAL a	and give nearest town)
RI	JRAI CEN	treville	A	Il his Life	4	RURAL CE	STREVILLE		17.1
	d. NAME OF HO	SPITAL OR INSTITUTION	ON (if not in hosp	oltal, give street	address)	d. STREET ADDRESS			e. IS RESIDENCE ON A FARM?
_									YES NO
3.	NAME OF DECEASED	/ FI	rst	Middle	01	Last	4. DATE ()	lonth	Day Year
	(Type or print)	LIEON	Umi	ER	CIA	2K	manufacture of the contract of	mber	8, 1966
5.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIE	D B	. DATE OF BIRTH	9. AGE (In ye		YEAR IF UNDER 24 HRS.
Ü	AE	White	WIDOWED	DIVORCE		Ept, 5, 191	8 48 yr	s.	
du	ring most of work	FION (Give kind of work ling life, even if retire		O OF BUSINESS OF	R	11. BIRTHPLACE (Co	unty & State, or foreign co		IZEN OF WHAT
13	-ARMER'S NAM		FAC	phims		CENTREVILLE	WH.Ce, 110	. 4.	S,A,
10	TAILER S IVAN	01'	11.11			14. MOTHER'S MAID	EN NAME		
15	WAS DECEASED	EVER IN U.S. ARMED FO	PCESS 16 SO	CIAL SECURITY N	0. 17.	INFORMANT OF	1110KgAN	idress	
(Ŷ	es, no, or unkown)	(If yes give war or dates o	f service)		17.	Cli- dil	7 Mary	le ICo	11 MJ
=	1 18. CAUSE OF	 DEATH [Enter only on	1	011	WIRS	LI ZABETY	D. CHER,	ENTREN	INTERVAL BETWEEN
		EATH WAS CAUSED BY	. 1	TOT (a), (b), and (c).]	0 0	CONTRACTOR		ONSET AND DEATH
	4201	IMMEDIATE CAUSE	A 4	anam		annie	un		nous
	Conditions, If	any, which \	1 1	8 1 800	1	La Lea	A Diseas	2	2 years
	gave rise to	Immediate ((b) 00 CA	I L		7,500	24		
	cause (a), s underlying caus	tating the	(c)						1
TION	PART II. OTHER	SIGNIFICANT CONDITIO		NG TO DEATH BUT	NOT RELAT	ED TO THE TERMINAL D	ISEASE CONDITION GIVE	N IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
ICA									YES NO
CERTIFICATION	OR CONTRIBUTI	WAS UNDERLYING ING CAUSE OF DEA	IH I	CRIBE HOW INJU	RY OCCUP	RED. (Enter nature of	Injury in Part I or Part	II of Item 18.)	
	(IF EITHER, NO	TIFY MEDICAL EXAMI	NER)				4 4 5 7 7 7		
MEDICAL	20c. TIME OF Hour a.r	INJURY Month, Day,				E OF INJURY (Home, fa y, street, office bldg., et		n) (Coun	ty) (State)
ME	p.1		While at work	Not While at work					
	21. I certif	fy that (I) (this hosp	ital) attended		/ 1	an / 19	60 to oct	0	6, that (I) (we) last
	saw the de	ceased alive on	3 ch	X 1960,	and that	death occurred at_	M, from the cau		date stated above.
	22a. SIGNATUI	The K	1) +	1 4			MED. STAFF	22b. DA	TE SIGNED
	22c. PHYSICIA	IN'S	Kmin	5	M.D.	PHYS. 22d. ADDRESS.	DIRECTOR PHYS.	10	1 1
	NAME (T	ype) John	K. 5	mitky	1	Centr	enlle, 1	Nans	land
238	BURIAL, CREW	ATTON, 23b. DATE	THEREOF	3c. NAME OF C	EMETERY	OR CREMATORY	23d. LOCATION (CIT	y, town or coun	ty) (State)
	BURIA!	I NOV. II.	1966	hester	-IE O	CEMETERU	CENTREVILL	E. MARY	AND 21617
1	. FUNERAL DIRE	CIOR	A- Q. 1	ADDRESS	0 1	25a. REG	D BY REGISTRAR 25b	. REGISTRAR'S	SIGNATURE
L	14141 36	1200 Jan	2 0012	- Duend	xe, 1/0	DATE N	UV 14 1966	Julian	eles judge

Print. distant. AND THE STATE OF T The Market Charles I'm after the wife The state of the s Cornam Present from 1 1 of the set of The Roman Som + B. Combrande Marghand All the street of the street o

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

	16173	N OF STA	TISTICAL	RESEARC	CERTIF		, 301 W. PRESTO		ET, BALTIM	ORE 1, N	17	AND	
1.	PLACE OF DEAT a. COUNTY	Queen		ms III	MAI	RYLAND	2. USUAL RESIDENCE a. STATE Ma	E (Where	L 001			before ad	Imission)
	b. CITY OR TOV Write RURAL Church	VN (If outside and give nea Hill	corporate limi arest town)	ts, c. 3	weeks		c, city or town (if Chester		orporate limits, v	vrite RURAL	and giv	e neares	t town)
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Colonial Arms Nursing Home					d. STREET ADDRESS Washington Ave. e. IS RESIDENCE ON A FARM? YES NO K								
3.	NAME OF DECEASED (Type or print)	Eli	za (Li	da)	Middle C	OVERI	DALE Last	4. DAT OF DEA	TH Nov.	5, 19	Day 966	Yea 19	
3	sex Eemale	6. COLOR O	e wii	DOWED XX		ED F	,	872	9. AGE (In year last birthday 94 yrs.	Months	Days	Hours	Min.
10a dur	USUAL OCCUPA Ing most of work House		of work done If retired)	10b. KIND (OF BUSINESS TRY	OR	Flagtown. 14. MOTHER'S MAID			try) 12. C	USA	OF WHAT	
13.		He	nry Pr				Salli	e Re	ynolds				
15. (Ye	WAS DECEASED s, no, or unkown) no	EVER IN U.S. A (If yes give wa	RMED FORCES?	213 5			len Hill		ington		[.d		
	1B. CAUSE OF PART I. D		USED BY: E CAUSE (a)	Receiper line for	or (a), (b), and	00.	nie Ren	el ju	esterto Usufice	eney	UNS	RVAL BE ET AND I	DEATH
	Conditions, if gave rise to cause (a), s	Immediate stating the	DUE TO (b) DUE TO	A. Dias	5. C.	V.L	in Prople		les to	/	40	Zeel	1
CATION	PART II. OTHER		CONDITIONS CO	ONTRIBUTING	TO DEATH BU	TNOTRELA	TED TO THE TERMINAL OF	OISEASE CO	ONDITION GIVEN I	IN PART 1(a)	19. YE	WAS AU PERFOR	
CERTIFICATION	2Da. ACCIDENT OR CONTRIBUT (IF EITHER, NO	WAS UNDERING CAUSE TIFY MEDICA	YING D OF DEATH L EXAMINER)	20b. DESC	RIBE HOW IN.	JURY OCCU	RRED. (Enter nature of	injury in	Part I or Part II	of Item 1E	3.)		
MEDICAL	20c. TIME OF Hour a.		th, Day, Year		Not While at work	20e. PLAG factor	CE OF INJURY (Home, fa ry, street, office bldg., e	rm, 20f.	. (City or town)	(Co	unty)	?)	State)
	21. I certify that (I) (this hespital) attended the deceased from 10-7, 1966, to 1/-5, 1966, that (I) (we) las saw the deceased alive on 1/5, and that death occurred at 130.4M, from the causes and on the date stated above												
	228. SIGNATURE ATTENDING K MED. STAFF 22b. DATE SIGNED 11/5/66 22c. PHYSICIAN'S 22d. ADDRESS												
233	NAME (T	ype) Han	rry Pau			CEMETERY	Chester		LOCATION (CITY,	town or co	uintv)	(St	tate)
1 D	BURIAL CREI REMOVAL (SP ULTIAL FUNERAL DIR		1/7/66	0	dd Fel	L1ows	Cem.	Sm	yrna, D	elawa REGISTRAR	re	74	
	J-Wi	Illio (Wells	Cl	nester	town	, Md. DATE N	0V 9	1956	Jelian	eles	Judy	L.

MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH
16172

70792	•	CERTIFICA	ALE OF DEATE		10112				
1. PLACE OF DEATH			2. USUAL RESIDEN	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admis					
a. COUNTY Q	ueen Anne	MARYLAN	U II						
b. CITY OR TOW	N (If outside corporate limit and give nearest town)	ts, c. LENGTH OF STAY IN		f outside corporate limits, writ	e RURAL and give nearest town)				
Church	Hill	1½ years	Chestert	own P.O. Rura					
d. NAME OF HOS	PITAL OR INSTITUTION (if n	ot in hospital, give street addre			17./ e. IS RESIDENCE ON A FARM?				
Colonia	1 Arms Nurs:	ing Home	Queen A	nne Co. RFD	YES NO 🗌				
3. NAME OF DECEASED (Type or print)	Nannie	Middle H	adaway	4. DATE Month OF DEATH 11/21/6					
5. SEX	6. COLOR OR RACE 7. MA	RRIED NEVER MARRIED	1 8. DATE OF BIRTH		FUNDER 1 YEAR IF UNDER 24 HRS.				
female		DOWED XX DIVORCED	5/21/1891	75 yrs.					
10a. USUAL OCCUPAT during most of work	ION (Give kind of work done ing life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY		County & State, or foreign country)	COUNTRY?				
	ewite		Kent Co		USA				
13. FATHER'S NAM			14. MOTHER'S MAII						
	es Newcomb		Joanna	Diehl					
	EVER IN U.S. ARMED FORCES? (If yes give war or dates of service		17. INFORMANT Walter Ha	daway RFD O	tertown, Md.				
1 18. CAUSE OF I	DEATH [Enter only one caus	e per line for (a), (b), and (c).]	/		INTERVAL BETWEEN				
PART I. DE	EATH WAS CAUSED BY:	73. 12 +2-n	1 Hyto = =	tatic Theaper	ONSET AND DEATH				
572	IMMEDIATE CAUSE (a)	13.100100	1/65/	aric meano	cisc cara				
Conditions, If	DUE TO								
gave rise to	Immediate (
cause (a), st	a last								
underlying caus		NTRIBUTING TO DEATH BUT NOT	RELATED TO THE TERMINAL	DISEASE CONDITION GIVEN IN F	PART 1(a) 19. WAS AUTOPSY				
Z/ 2	PERFORMED?								
O ACCIDENT	20a, ACCIDENT WAS UNDERLYING 1 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part I or Part II of Item 18.)								
CR CONTRIBUTI	ING CAUSE OF DEATH TIFY MEDICAL EXAMINER)	200. DESCRIBE HOW INJURY	OCCURRED. (LINE) Hature C	in injury in rute 1 of rute 1. of	1011 2017				
정 20c. TIME OF	INJURY Month, Day, Year	20d. INJURY OCCURRED 20e.	PLACE OF INJURY (Home, f	farm, 20f. (City or town)	(County) (State)				
ZOC. TIME OF Hour a.n		While Not While at work	actory, street, office bldg.,	etc.)					
	21 L certify that (I) (this hospital) attended the deceased from April 10 1966, to Nov 21, 1961, that (I) (we) last								
	ceased alive on No	2 21 19 6L, and	that death occurred at_	5 M, from the causes a	and on the date stated above.				
22a. SIGNATU		01		Section 10 to 10 t	22b. DATE SIGNED				
(- Con	my destan	M.D. PHYS.						
22c. PHYSICIA NAME (T)	(N'S ype) C. Rodn	ey Layton	1 22d. ADDRESS	ville, Md.					
23a. BURIAL, CREM REMOVAL (Spe	MATION, 23b. DATE THERE	OF 23c. NAME OF CEME	TERY OR CREMATORY	23d. LOCATION (City, to	wn or county) (State)				
Burial	eclfy) 11/24/60	6 Wesley C	hapel Cem.	Rock Hall	, Md.				
24 FUNERAL DIRE		ADDRESS	25a. RE	EC'D BY REGISTRAR 25b. RE					
*(D):	Wis Wol	Chesterto	wn, Md. NAVEV	25 1966 Relia	wles Judge				

VR AIS (4) 20M 1/65

16138 BOSTER VARAGE . The state of the s

FOR STATE HEALTH DEPT.

8

O DEPUTY MEDIDAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is cessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO DEPUTY MEDIS

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
MEDICAL EXAMINED'S CERTIFICATE OF BEATT. 16

	1.	PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, if Institution: Re a. STATE) b. COUNTY	sidence before admission)						
		b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If Jutside corporete limits, write RURAL a	and give nearest town)						
	0	write RURAL and give nearest town)	~ II	0.8-7						
	Ru	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	BALTIMORE d. STREET ADDRESS	e. IS RESIDENCE						
)			4 KNOK Ridge Court	ON A FARM?						
	3.	NAME OF SITST Middle.	Last 4. DATE Month	Day Year						
		DECEASED (Type or print) Romilly FRANCIS Humoh	RIES III DEATH NOVEMBER	11. 1966						
	5.	SEX 6. COLOR OR RICE 7. MARRIED NEVER MARRIEO 8	B. OATE OF BIRTH 9. AGE (In years IF UNDER 1							
	n	ALE WhitE WIDOWED DIVORCED	July 21, 1931 35 yrs.							
	10a dur	. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CIT	TIZEN OF WHAT UNTRY?						
- 4	U	NEMPloyed	Baltimore, Maryland U.	S.A						
-	13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME							
	15	WAS DECENSED EVER IN U.S. ARMED FORCES 16. SOCIAL SECURITY NO. 17.	INFORMANT SISTER Address as CO.	1						
	(Ye	s, no, or unkown) (If yes give war or dates of service)	21 10 3975							
	-	18. CAUSE OF DEATH [Enter only one couse per lips for (e), (b), end (c).]	FREDERICA JAY Chalfaut Balti	INTERVAL BETWEEN						
		PART I, DEATH WAS CAUSED BY:	of wands brad	ONSET AND DEATH						
		976 X DUE TO	of wounds fixed	Lipston						
		Conditions, if eny, which (b)								
		geve rise to immediate (ceuse (a), stating the DUE TO		The second second						
		underlying cause last. (c)								
	NOL	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOP PERFORMED								
)	ICA	YES NO ZOR. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Pert I or Pert II of Item 18.)								
	ERTIE	209. EXTERNAL CAUSE WAS PRIMARY DO CONTRIBUTING CAUSE OF DEATH.	RKED. (Enter nature of injury in Pert 1 of Pert 1 of Rein 20.)	matic						
	AL C	20c TIME OF INITIRY Month, Day, Year 1 20d, INJURY OCCURRED 1 20e, PLAI	CE OF INJURY (Home, farm, 20f. (City or town) (Coul							
Hour a.m. While Not While To No										
	Σ	21. I certify that I took charge of the remains described above, hel		and in my opinion						
			icide , Homicide , Undetermined manner							
		1 20/1	CHIEF MEDICAL EXAMINER							
		ACTUAL SIGNATURE CYLINATION OF THE SIGNATURE CYLINATION OF	M.D. ASSISTANT MEDICAL EXAMINER	22. DATE SIGNED						
2		EXAMINER'S A TO 1 3154 and	Address (Street, city, town, or county)	eville mill						
	23a	BURIAL, CREMATION, 23b. DATE THEREOF / 23c. NAME OF CEMETERY								
		Burial 11-14-66 St. Johns	Baltimore Co.	, Md.						
	24	FUNERAL DIRECTOR ACCRESS IT C. IT C.	25a. REC'O BY REGISTRAR 25b. REGISTRAR'S							
	_6	500 York Rd. Baltimore; Md. 2121	12 DATE NUV 1 5 1956 YOU	mes Judge						
			· ·	1/ ~;						

16139 and the second A Secretary of the second second 12 马克斯科 - 12年 安朝地位于1950年 S'I who willing All the second of the party and the party and the second of the second o . Die trouts to the state of th

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
16176

	16176	CERTIFICATI	OF DEATH		16174				
1.	PLACE DF DEATH a. COUNTY	1	a. STATE	b. COUNTY	ion: Residence before admission)				
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outs	AND Write R	URAL and give nearest town)				
	GRASONVI (CE	604RS,	GRASON	rille	17.1				
	d. NAME OF HOSPITAL OR INSTITUTION (if not in h	ospital, give street address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?				
3.	NAME OF First	Middle	, Last 14.	DATE 1 Month	VES NO Day Year				
	(Type or print) BARDARA	JEN		DEATH NOVEMBER					
5.	SEX 6. COLOR OR RACE 7. MARRIED	NEVER MARRIED 8	. DATE OF BIRTH		NDER 1 YEAR HE LINDER 24 HPS				
Fi	EMALE WIDOWED a. USUAL OCCUPATION (Give kind of work done) 10b. K		DEC. 28,1892	- 17473yrs.					
dur	ring most of working life, even if retired)	NOUSTRY	Political (County	M	12. CITIZEN OF WHAT COUNTRY?				
13.	FATHER'S NAME	tome	14. MOTHER'S MAIDEN N	MARYLAND	4,5,17,				
	FRANK SlivKA		ANTONIA	?					
15 (Ye	5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. es, no, or unkown) (If yes give war or dates of service)	SOCIAL SECURITYNO. 17.	INFORMANT	Address	-0 (
		B-14-1808-D MR	S. MARIE A. CAR	E GRASONIIL	E, MARYLAND				
	18. CAUSE DF DEATH [Enter only one cause per li		0		INTERVAL BETWEEN ONSET AND DEATH				
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	CANCE	14		1 MONTH				
	Conditions If any which I								
	Conditions, If any, which gave rise to immediate (b)								
	cause (a), stating the DUE TO underlying cause last.								
NO.	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 119. WAS AUTOPSY								
ICAT	PNEUMONIA				PERFORMED? YES NO X				
CERTIFICATION	2Da. ACCIDENT WAS UNDERLYING 2Db. 0 OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCU	RRED. (Enter nature of Inju	ry in Part I or Part II of Ite	m 18.)				
MEDICAL	2Dc. TIME OF INJURY Month, Day, Year 2Dd. II Hour a.m. While p.m. 19 at work	Not While factor	E OF INJURY (Home, farm, y, street, office bldg., etc.)	2Df. (City or town)	(County) (State)				
	21. I certify that (I) (this hospital) attended	ed the deceased from	1-12 , 196	6 to 11-12	1900, that (I) (we) last				
	saw the deceased alive on//-/	1966, and that	death occurred at 7:23	MM, from the causes and	on the date stated above.				
	22a. SIGNATURE	111	ATTENDING MED.	STAFF - 22	. 11				
	22c. PHYSICIAN'S	M.D.	PHYS. DIRE	CTOR PHYS. /	1-13-66				
	NAME (Type) Ralph E. Lib	by, M.D.	Grasonvil:	le, Maryland	21638				
23a	DESCRIPTION OF THE PROPERTY OF	23c. NAME OF CEMETERY	OR CREMATORY 13	3d. LOCATION (City, town	or county) (State)				
	BURIA(1466	Chesterfield	CEMETERY (ENTREVILLE, 1	KR414Nd 21617				
34	FUNERAL DIRECTOR	ADDRESS MA		BY REGISTRAR 25b. REGIST					
-	muld Berland Jacks John	exterite III	21617 DATE NO!	1 1 5 1956 M	limber Judge				

VR AI5 (4) 2DM 1/65 16131 the parties of the same of the same of the same of the same of CANCER manifestive and control to the property of the party of the property of The same of the control of the contr